PTO/SB/22 (08-03)
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	Laura Augliantian of MARK FRANCIS	
ETITION FOR EXTENSION OF TI	ME UNDER 37 CFR 1.136(a)	PU040031

			In re Application of MARK FRANCIS RUMREICH				
			Application Numb	er 10/587,188	Filed	July 25, 2006	
<u>USTOMER NO.: 24498</u>		For FIRST-ORD	ER LOUDSPI	AKER CRO	SSOVER NETWORK		
			Art Unit 2614	Examiner	Devona E.	Faulk	
\							
	request applica	under the provisions of tion.	37 CFR 1.136(a) to	extend the p	eriod for filing	a reply in the above	
ne requ	ested e	xtension and appropriat	e non-small-entity fe	ee are as follo	ws (check tim	ne period desired):	
	\boxtimes	One month (37 CFR	l.17(a)(1))			\$ <u>130.00</u>	
		Two months (37 CFR	1.17(a)(2))			\$	
		Three months (37 CFF	R 1.17(a)(3))			\$	
		Four months (37 CFR	1.17(a)(4))			\$	
		Five months (37 CFR	1.17(a)(5))			\$	
	Applic	cant claims small entity s	tatus. See 37 CFR	1.27. Theref	ore, the fee a	mount shown	
		e is reduced by one-half	_	ee is: \$. •		İ
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	The D	Director has already bee	n authorized to cha	rge fees in this	s application	to a Deposit Account.	
\boxtimes	The D	Director is hereby auth	orized to charge a	ny fees whic	h may be rec	ıuired,	
	or cre	edit any overpayment,	to Deposit Accou	nt Number <u>07</u>	<u>-0832</u> .		
	I have	e enclosed a duplicate c	opy of this sheet.				
I am	the	applicant/inventor.					
		assignee of record	of the entire intere	st. See 37 CF	R 3.71		
		Statement under	er 37 CFR 3.73(b) is	s enclosed. (F	orm PTO/SB	/96).	
		attorney or agent of	of record. Registrat	ion Number _			
		⊠ attorney or agent	under 37 CFR 1.3	4(a).			
		Registration num	oer if acting under 37 C	FR 1.34(a). <u>36,2</u>	<u>29</u> .		
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(609) 734-6839				JOSEP	H J. OPALACH		
	Te	elephone Number			Type	d or printed name	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 2 forms are submitted. (IN DUPLICATE)

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Hexandria, VA 22313-1450.

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ETITIC	ON FOR EXTENSION OF	TIME UNDER 37 CF	R 1.136(a)	PU040031	
		In re Application of	MARK FRANC	CIS RUMREICH	
		Application Number	r 10/587,188	Filed July 25, 2006	
USTON	MER NO.: 24498	For FIRST-ORDE	For FIRST-ORDER LOUDSPEAKER CROSSOVER NETWORK		
		Art Unit 2614	Examiner D	Devona E. Faulk	
	request under the provision d application.	s of 37 CFR 1.136(a) to €	extend the perio	od for filing a reply in the above	
The requ	ested extension and appror	oriate non-small-entity fee	are as follows	s (check time period desired):	
	One month (37 C)	FR 1.17(a)(1))		\$ <u>130.00</u>	
	☐ Two months (37 C	FR 1.17(a)(2))		\$	
	☐ Three months (37	CFR 1.17(a)(3))		\$	
	☐ Four months (37 €	CFR 1.17(a)(4))		\$	
	☐ Five months (37 C	CFR 1.17(a)(5))		\$	
		icant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown			
	above is reduced by one- A check in the amount of	uced by one-half, and the resulting fee is: \$			
	A CHECK III the amount of	the fee is enclosed.			
	Payment by credit card. F	Form PTO-2038 is attached	PTO-2038 is attached.		
	The Director has already	been authorized to charg	je fees in this a	application to a Deposit Account.	
\boxtimes	The Director is hereby a	authorized to charge an	v fees which r	nay be required,	
	or credit any overpayme	ent, to Deposit Account	=		
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	Date		/	Signature	
	(609) 734-6839			JOSEPH J. OPALACH	
	Telephone Number	_		Typed or printed name	
nore than or	one signature is required, see below.	<i>i</i> .	st or their represent	stative(s) are required. Submit multiple forms	
7 T-4.1	of 2 forms are submitted. (IN	I DUDLICATE)			

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